COMFORTDELGRO ENGINEERING

Our Ref

Dear Sir

1

6

3

4

b)

AND OTHER

T 0519 / SH 7819S /WT(st)

Your Ref:

3 ANSON ROAD

SINGAPORE 079909

Date

10-Jun-19

CHINA TAIPING INSURANCE CO LTD

Attn: Motor Claims Department

arising from the damage to the vehicle.

#16-00 SPRINGLEAF TOWER

CDGE Taxi Claims Dept 59 Loyang Drive 4th Flr

Singapore 508969

WITHOUT PREJUDICE

ACCIDENT INVOLVING OUR TAXI SH 7819S YOUR INSURED SLP8465M

We are the authorised repair workshop for Comfort Transportation Pte Ltd. the owner of motor

vehicle. The vehicle owner and the taxi driver concerned have requested and authorized us to assist them in presenting their claims against the party responsible for all applicable matters

As the accident was caused by the negligent act of your insured driving SLP8465M we are submitting these claims for your consideration on behalf of the claimants.

days Loss of Rental @ \$ 165.46 per day

SH 7819S which was involved in the captioned accident with your insured

ComfortDelGro Engineering Pte Ltd

Facsimilie: +65 6280 9755

WWW.cdge.com.sg

Workshops

Braddell

Sin Ming Sin Ming Drive Singapore 575717

Singapore 609286

Senoko 24 Serioko Loop Singapore 758156

Sungel Kadul Sungei Kadut Wey

Singapore 768732

\$ S

\$

\$

\$

ON

5 GIA / Police Report Fees

TAXI OWNER'S CLAIM

Cost of Repair

LTA Search Fees

6 Towing / Medical / Transporation Fees

Sub Total: \$

1,787.87

1,284.00

496.38

7.49

28.05.19

HIRER'S CLAIM

days Loss of Income @ \$

80.00 per days

240.00 \$ Total Claims: \$ 2,027.87

4

pcs.

We enclose herewith the following documents to support the claims: -

Original repair bill and photocopies of photographs: a)

Survey Report Fees (Surveyed by M/s LKK)

SLP8465M

c) GIA / Police report/s of :

LTA search slip/s of:

SH 7819S

d) Letter of authority from owner / hirer / operator

() Traffic Compound () Towing/Medical bill/receipts () Certificate of Insurance

(X) Photograph/s of Accident Scen (x) Downtime/Mileage record (x) Rental Rate letter

Kindly look into the matter and let us hear from you on the settlement of the said claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the taxi driver.

Yours faithfully William Tan

CDGE Claims Department

Tel: 6214 8737 Fax: 6214 1843 Email: williamtan@cdge.com.sg

This is a computer generated letter. No signature is required.

A member of











51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 67414108

Our Ref: CC3/CTI19009497/K1eb3

26 SEPT 2019

PHUA SOON NGEE 70 JALAN EUNOS SINGAPORE 419515

Dear Sir/Madam,

ACCIDENT INVOLVING SLP 8465M AND SH 7819S ON 28/05/2019

We refer to the above accident where we are acting for China Taiping Insurance (Singapore) Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please call us if you have further queries.

Yours faithfully,

Asher

Case Handler DID: 6841 6051 FAX: 6741 4108

Email: ashersng@lkkauto.com

c.c. China Taiping Insurance (Singapore) Pte Ltd (Motor Claims Dept) LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING

ALONG

MERCEDES E220 SH78195 , SLP8465M

SERVICE RD OFF JALAN EUNOS

ON 28-May-19 09:20

I / We

NEO TIONG HUAT

(Hirer) NRIC No .:

S1156564F

and/or

(Relief) NRIC No .:

Taxi Number

SH78195

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

- To submit my/our claims for damages, costs and expense, including loss of income, loss of rental, medical fee and legal costs.
- 2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).
- 3. To sign Discharge Voucher on my/our behalf.
- 4. To accept any payment (claim proceeds) in respect of the claim against third party and payment by cheque shall be forward directly to CDGE in accordance with CDGE's instruction and made in favour of "ComfortDelGro Engineering Pte Ltd".

Date

28-May-2019

Name of Hirer

NEO TIONG HUAT

Hirer NRIC

S1156564F

Signature :

Address

521 HOUGANG AVENUE 6 #10-59

530521

Contact No.

96724635

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN1743111801

Claim No :

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$1,830.00

DOLLARS ONE THOUSAND EIGHT HUNDRED AND THIRTY ONLY.

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

TAN ENG KHOON

Claimant Vehicle No. : SH 78195 Insured Vehicle No. : SLP 8465M

Date of Loss

: 28/05/2019

Place of Accident

: SERVICE RD OFF JALAN EUNOS

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD, and/or

Insured Name

: PHUA SOON NGEE

Driver Name

: PHUA SOON NGEE

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

(1) Global Sum

1,830.00 55

1,830.00

Claimant Name: COMFORT TRANSPORTATION PTE LTD

NRIC No 1

Signature

CLAIMS DEPARTMENT CONFORTOEL GRO ENG VEHICLES PTE LTD

STICHARD RIVE SHEARON BISE

"The conterns of this document apply to vehicle damages only All personal injuries and damages arising therefrom are excluded COMPORTDEL GRO ENGINEERING PTE LID from the ambit and application of this document"

Please forward your cheque made payable to:

COMFORTDELGRO ENGINEERING

A member of ComfortDelgro

GST REG. NO. M2-8921817-3

ComfortDelGro Engineering Pte Ltd

200 Brazalet Plant Dirigações S70701 Martinos + 85 8362 6260 Papareiro - 65 8280 8734

24 Serieto Loro Singapois 756 (56 7 Serigii Kadul Way Birgapore 72579) 301 Yanuri Industral Pani A Singapore 7507

200 UNI Florit 2 STUDENT ANY REG. NO.: 199506048W Page:

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD SPRINGLEAF TOWER

3 ANSON ROAD #16-00 SINGAPORE 079909

CONTACT NO: 62222366

VEHCLE NO SH 7819S

NO/DATE 91446959 31.05.2019

MAKE

JOB NO. 305299026

MERCEDES BENZ

MODEL E220CDI(E5)

ODOMETER READING

DATE OF REG 25.10.2013

CHASSIS CODE WDD2120022A757481

JOB TYPE

Description: 3P 28.05.2019

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt .000 h

Total Invoice amount

1,284,00

Issued by : CHEWBEELENG 31.05.2019 15:36:36
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

ComfortDelGro Engineering Pte Ltd

Head Office: 205 Braddell Road Singapore 579701

A member of COMFORTDELCAD

ACCOUNT No. INVOICE No. AMOUNT BANK/CHQ No.

Gndly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

Our Ref: CT19050769

Date: 31 May 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

28/05/2019 @ 09:20 hrs

ALONG

SERVICE RD OFF JALAN EUNOS

INVOLVING

SLP8465M

We refer to the above-mentioned accident and wish to inform that Comfort Transportation Pte Ltd is the registered owner of the taxi bearing vehicle registration number SH7819S (the "Taxi"). The Taxi was hired to NEO TIONG HUAT IC NO S1156564F a registered hirer-operator of Comfort Transportation Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$165.46 per day (inclusive of GST).

Please be advised that the Taxi was insured with MS First Capital Insurance Ltd on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay Assistant Manager, Fleet Safety

This is a computer generated letter. No signature is required.

	1	LX TX				
DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE	HOURS OPERATED (TIM		
			(KM)	FROM	TO DATE	NAME OF DE
28.05.19	ACCINGACT		7.	(00)	7	
3005-10	REPAIR		DM7	(245	6	
			2			
		- 2				
						4

Enquire Vehicle Insurer

"Vehicle No. Incident Date/Time. Search Status. Insurance Company Code. Insurance Company Name.

SLP8465M 28 May 2019 / 09:20:00 Successful

C01

CHINA TAIPING INSURANCE ISINGAPORE) PTE LTD

Previous

OK

SH 78195